## **HOPWA**

**Monthly Reimbursement Request Guide** 



**City of Atlanta** 

July 10, 2020

#### **CITY OF ATLANTA**

#### **HOPWA MONTHLY REIMBURSEMENT REQUEST GUIDE**

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#### Introduction

This HOPWA Monthly Reimbursement Request Guide has been developed to assist Project Sponsors in properly documenting HOPWA-related expenditures. This guide should be utilized as a reference document to assist Project Sponsors in preparing monthly reimbursement requests to be submitted electronically via <a href="mailto:grantpayments@atlantaga.gov">grantpayments@atlantaga.gov</a> by the 15<sup>th</sup> business day of each month.

#### **CITY OF ATLANTA**

#### **HOPWA MONTHLY REIMBURSEMENT REQUEST GUIDE**

#### **Supporting Documentation Requirements**

The following lists contain the required documents that must be submitted to support various HOPWA-related expenditures. Please note that these lists are not all-inclusive. Project Sponsors are responsible for ensuring that sufficient documentation is submitted to justify each HOPWA-related expenditure. At a minimum, all HOPWA Monthly Reimbursement Request must contain the following supporting documents:

- HOPWA 1 Form
- HOPWA Reimbursement Request Form
- Copies of Invoices for services rendered and/or goods purchased;
- Cancelled Checks:
- Bank Statement(s);
- Third-Party Payroll Registers or Payroll Summary Reports;
- Personnel Activity Reports (Time Sheets): Signed and Dated by the Employee and Supervisor;
- General Ledger Reports for all transactions (payroll, invoice payments, etc.); and
- HOPWA Payment Register.

If a program provides rental and/or financial assistance, the following documents must also be included in each reimbursement request:

- Copies of the "entire" lease for 1st time clients only;
- Copies of the "first page" of the lease for current clients;
- Proof of Security Deposit Payments;
- Proof of Utility Deposit Payments;
- Program Income Bank Statement and Tracking Sheet;
- General Ledger Reports for all transactions (rent payments, utility payments, security deposit payments, invoice payments, rent collection, etc.); and
- HOPWA Payment Register.

The following pages contain the required forms and examples of various supporting documentation that should be included with your monthly reimbursement requests. Please ensure that all required supporting documentation is included in each submission to ensure a smooth review process. In addition, please ensure that all client personal identification is removed from all documents or the submission will be returned for redaction of client information. To ensure that your agency is in compliance with HOPWA confidentiality requirements, please utilize a unique identifier, HMIS ID or unit address for all clients, when documenting information for financial purposes.

In addition, please note that <u>REGARDLESS</u> of the type of service provided, i.e. supportive services, rental assistance, utility assistance, meals, furniture, etc., <u>ALL</u> reimbursement requests must be supported by the above referenced documents. HOPWA is a cost reimbursement contract; therefore, all expenditures must be documented via time and effort reports for all staff salaries, invoices for materials and goods, invoices for contracted services, payroll reports, general ledger reports, cancelled checks, and bank statements. Reimbursement requests <u>MAY NOT</u> solely contain a list of clients served and a unit of service cost total. A unit of service cost is the basis for which the amount of requested funds were

determined; however, all reimbursement requests <u>MUST BE SUPPORTED</u> by actual expenditures incurred to provide the service as stated above.

#### **HOPWA 1 Form**

The HOPWA 1 Form should be the first page of your reimbursement request. This form should be filled out with the requested agency and project information as provided in your HOPWA Contract. Please note, that this form can be revised to match the IDIS Activities that were approved in your HOPWA Contract.

		CITY OF ATLA	INTA DISBURSMENT	REQUEST (HOPWA 1	9	
Project No	ame.		On	ada Project # / Task #:		
DIS Proje	ct No			Award #		
Contract	Period			DIS Plan Year		
For Parlo	d from			Contract Amount		
Report No				Contractor		
		A		c		
0.5				Cumulative	Total	
Activity		Line items by HOPVVA Activity	Raimbursable Expenses this Report	Expenditures Prior	Expenditures to	<b>Budget Allocation</b>
•			Expenses this Report	Report	Date	
		Facility Based Housing:				
	- 1	Padity Rental / Lease				
	- 11	Padility Utilities				
	11	Padity insurance Bonding				
	W	Padity Contractual Services				
	V	Padity Materials/Supplies				
	7/1	Padity Other Costs				
4375		Facility-based Housing Subtoral				
		Support Services				
	- 1	Support Svc Staff Salaries				
	- 11	Support Svc Staff Pringes				
	100	Support Size Transportation				
	W	Support Size Communications				
	v	Support Svc Rental Lease				
	7/1	Support Sirc Squipment Purchase				
	VII	Support Svc Materials/Supps				
	VIII	Support Svc Other Direct Costs				
4376		Support Services Subtotal				
	-	Administration				
	- 1	Administration Staff Salaries				
	- 11	Administration Staff Pringes				
	10	Contracted Admin Services				
	TV.	Other Administrative Costs				
4375		Administration Subtotal				
	ь	Resource ID				
	ī	Resource ID Staff Salaries				
	i	Resource D Staff Pringes				
	-	Ras D - Strategic Implementin.				
4377	-	Resource ID Subtotal				
		PROJECT GRAND TOTAL				

#### Certification by Board Authorized Representative

(must be eigend by a representative specifically authorized by organization's Board of Trinceton's

By my signature below, I certify that: 1) I am authorized to make legally binding certifications on behalf of the organization named above; I)The cost items for which reimbursement is being requested have not been and will not be submitted to any other funding entity, either for reimbursement or as documentation of the expenditure of funds advanced; 3) The portions of expenses for which relimbursement is being requested were incurred for the activity as described above, exclusively for the benefit of "eligible persons," as defined under the terms of the BOPWA Agreement; 4) The organization is maintaining on a daily basis the statistical data necessary to report program benefit, as currently outlined by the COA, 5) The organization is full compliance with all of our obligations and responsibilities under the BOPWA Agreement, and I am aware of no pending events or activities that would violate any term or terms of that Contract Agreement, and 6) the

Total Costs To Date (Total Column B+C)	\$0.00	Contractor Signature:	
Lazz Total Priviously Paid or Reported (Col C)	\$0.00	Ttis	
Total This Report Payable:	\$0.00	Date	

Date
Date:
Date

#### **HOPWA Reimbursement Request Form**

The HOPWA Reimbursement Request Form should be submitted as the second page of your reimbursement request. Please ensure that the form is filled out in accordance with the instructions below:

- Provide a detailed description of each expenditure for which reimbursement is being requested. The listed expenditures should match those included on the HOPWA 1 Form.
- Provide supporting documentation for all items referenced.
- If you have more than 12-line items for which reimbursements are being requested, please continue the request on a new form with the same report number followed by "-1,-2,-,3, etc." to denote the continuation of the report.

#### Sample Completed HOPWA Reimbursement Form

The HOPWA Reimbursement Form should be completed in full as shown in the example below. Please ensure that the form contains all required information. In addition, please note that the form must be signed and dated by two different people, the prepare and the reviewer.

	icial Officer	c, cilici i iliali				01000000		
		e Chief Finan	Ima N. Charge, Chief Financial Officer			om notice	Omn	
	a	presentative	28. Name & Title of Authorized Representative:	28. Name &		(Reviewer):	27. Signature of Authorized Representative (Reviewer):	27. Signature c
	2/10/2020	2	26. Date:		Smith	Mary Smith	ignature:	25. Preparer's Signature:
d the expenditures ederal award. I an ies for fraud, false	accurate and ent for the F rative penalt	mplete, and grant agreem or administr	ent request is true, co ne City's contract and g t me to criminal, civil 1-3812).	reimbursem inditions of the may subjects 3730 and 380	my knowledge and belief that the reimbursement tives set forth in the terms and conditions of the C the omission of any material fact, may subject m 1001 and Title 31, Sections 3729-3730 and 3801-38	By signing this reimbursement request, I certify to the best of my knowledge and belief that the reimbursement request is true, complete, and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the City's contract and grant agreement for the Federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).	reimbursement request, I co and cash receipts are for the talse, fictitious, or fraudul se claims or otherwise. (U.S.)	By signing this disbursements aware that an statements, fa
23,575.00	nt	Reimbursement		ros Cortificati	Summary of Evnanditu	Section III.		
		24. Amount Due as	24. /					
1,100.00	ome \$	23. Program Income Deduction	23. P					21. Comments:
24,675.00	f Funds \$	22. Total Amount of Funds Expended		altiple supporti	ge reimbursements for mu	Salaries, payroll taxes and benefits for supportive services staff; mileage reimbursements for multiple supportive service staff; Payment for master leased units for January 2020	Salaries, payroll taxes and benefits for supportive servic staff; Payment for master leased units for January 2020	
5,000.00	1202 \$	1/2/20	Apartments Unlimited, LLC	Apartments	nd 2-2bdrm units	Rent payment for 2-1bdrm units and 2-2bdrm units	ntal/Lease	Facility Based Rental/Lease
925.00	1350 \$	1/15/20	Js	Sponsors R Us	ortive Service Staff	Mileage Reimbursements for Supportive Service Staff	ansportation	Supportive Svc Transportation
1,875.00	1297 \$	1/30/20	Js	Sponsors R Us	/ice Staff	Fringe benefits for Supportive Service Staff	aff Fringes	Supportive Svc Staff Fringes
7,500.00	1296 \$	1/30/20	Js	Sponsors R Us	7	Payroll for Supportive Service Staff	aff Salaries	Supportive Svc Staff Salaries
1,875.00	1235 \$	1/15/20	Js	Sponsors R Us	rice Staff	Fringe benefits for Supportive Service Staff	aff Fringes	Supportive Svc Staff Fringes
7,500.00	1234 \$	1/15/20	Js	Sponsors R Us		Payroll for Supportive Service Staff	aff Salaries	Supportive Svc Staff Salaries
20. Amount Paid	19. Check or Trans. Number	18. Date Paid	17. Vendor's Name	17.	escription	16. Expenditure Description	15. HOPWA Activity	1
				enditures	Section II - Summary of Expenditures	Secti		
sorsrus.org	msmith@sponsorsrus.org	ms	14. Email Address	999	404-999-9999	13. Phone Number	red 2/10/2020	12. Date Prepared
		countant	Mary Smith, Grant Accountant			Us	Sponsors R Us	
				& Title	11. Preparer's Name & Title		Name	10. Contractor Name
7		500,000.00	\$	1/20	1/1/20 - 1/31/20	2019	7/1/19 - 6/30/20	0.70
	9. Report No.	15	8. Contract Amount		7. For Period From	6. IDIS Plan Year		5. Contract Period
9999			9999		9999	All	Housing For All	
	4. Award #	_	3. IDIS Project#		2. Oracle Project #/Task#		9	1. Project Name
				formation	Section I - Project Sponsor Information	Section		
				st Form	Reimbursement Request Form	Reim		

#### **Required Supporting Documentation**

Immediately following the HOPWA Reimbursement Form, the following types of documents should be submitted to support all expenditures for which reimbursement is requested. The following examples are not an all-inclusive list, but examples of documents required for the type of expenditures shown. Furthermore, these documents are being provided to demonstrate the level of support that is required in order for your reimbursement request to be approved for payment processing.

As previously mentioned, at a minimum, all HOPWA Monthly Reimbursement Request must contain the following supporting documents:

- HOPWA 1 Form
- HOPWA Reimbursement Request Form
- Copies of Invoices for services rendered and goods purchased;
- Cancelled Checks;
- Bank Statement(s);
- Third-Party Payroll Registers or Payroll Summary Reports;
- Personnel Activity Reports (Time Sheets): Signed and Dated by the Employee and Supervisor;
- General Ledger Reports for all transactions (payroll, invoice payments, etc.); and
- HOPWA Payment Register.

If a program provides rental and/or financial assistance, the following documents must also be included in each reimbursement request:

- Copies of the "entire" lease for 1st time clients only;
- Copies of the "first page" of the lease for current clients;
- Proof of Security Deposit Payments;
- Proof of Utility Deposit Payments;
- Program Income Bank Statement and Tracking Sheet;
- General Ledger Reports for all transactions (rent payments, utility payments, security deposit payments, invoice payments, rent collection, etc.); and
- HOPWA Payment Register.

#### **Payroll Expenditures Supporting Documents**

For all payroll expenditures, the following supporting documents must be submitted to demonstrate the expenditures were incurred during the applicable month:

- Third-Party Payroll Registers or Payroll Summary Reports;
- Personnel Activity Reports (Time Sheets and Time Allocation Reports): Signed and Dated by the Employee and Supervisor; and
- General Ledger Reports for all payroll transactions.

Sample Payroll Register

Client: 5003 Name: DEMO Pay Date: 08/30 Pay Freq: W	5003 DEMO CONSULTING INC 08/30/12 Period: W Payroll No:	08/22/12 to: 1 Ref#:	to: 08/28/12 f#: 2	PAYRO	DEM	DEMO COMPANY INC PAYROLL REGISTER AND EARNINGS SUMMARY	IC INGS SUMMARY				Page: Run Date: Run Time: Pgm Name:	Page: 1 Run Date: 10/30/14 Run Time: 09:46 a Pgm Name: PR_REG
Empl Div No No Emp	Employee	SS No	Dept	Itm No N	Check	Hours Units	Gross Wages	Total Taxes	Total Deduct	Net Pay	Direct Deposit	Check Amount
Employee Name Order	Order.											
18 0 ABXX	ABXXXX, STXXXX J	114-27-99	114-27-9999 ESTIMTNG	_	1775	40.0000	2,500.00	688.90	0.00	1,811.10	0.00	1,811.10
Earnings 2 SALARY Totals	Hours/Units 40.0000 40.0000	Rate	Amount 2,500.00 2,500.00	2,500.00 2,500.00 2,500.00	i	Deductions & Taxes Federal W/H FICA W/H MEDC W/H State W/H Total Taxes	8	EE Amount 396.83 105.00 36.25 150.82 688.90	EE YTD 396.83 105.00 36.25 150.82 688.90	ER Amount	ER YTD	Return Amt
1970 O ADXX	ADXXXX, STXXXX	061-68-99	061-68-9999 L0#608JM	٦	1776	42.0000	2,398.06	773.82	298.20	1,326.04	0.00	1,326.04
Earnings 1 HOURLY 3 OV TIME Totals	Hours/Units 35.0000 7.0000 42.0000	Rate 53.2500 76.3301	Amount 1,863.75 534.31 2,398.06	YTD 1,863.75 534.31 2,398.06		Deductions & Taxes Federal W/H FICA W/H MEDC W/H State W/H Total Taxes		EE Amount 493.20 100.72 34.77 145.13 773.82	EE YTD 493.20 100.72 34.77 145.13	ER Amount	ER YTD	Return Amt
						70 000	4 707 73	587 00	227 20	200 07	8	20 000
Earnings 1 HOURLY 3 OV TIME Totals	Hours/Units 28.0000 4.0000 32.0000	Rate 53.2500 76.3301	Amount 1,491.00 305.32 1,796.32	YTD 1,491.00 305.32 1,796.32		ns & Taxe W/H H Axes eductions	S VACATION-H	EE Amount 325.86 75.45 26.05 99.01 526.37 227.20 60.72 287.92	EE YTD 325.86 75.45 26.05 99.01 526.37 227.20 60.72 287.92	ER Amount	ER YTD	Return Amt 227.20
1650 0 AVXX	AVXXXX, DAXXXX	069-96-9999 LO#	99 LO# 3JM	١.	1778	40.0000	2,256.75	654.02	22.57	1,580.16	0.00	1,580.16
Earnings 3 OV TIME 89 SHIFT-TIME Totals	Hours/Units 5.0000 35.0000 40.0000	Rate 76.5000 53.5500	Amount 382.50 1,874.25 2,256.75	YTD 382.50 1,874.25 2,256.75		ms & Taxe W/H H axes CR CR eductions	S LO#3 DUES	EE Amount 317.75 94.78 32.72 130.40 575.65 22.57 78.37 100.94	EE YTD 317.75 94.78 32.72 130.40 575.65 22.57 78.37 100.94	ER Amount	ER YTD	Return Amt 22.57 22.57
39 0 BOXX	вохххх, снхххх	104-60-99	104-60-9999 OFFICE	1	1779	40.0000	1,250.00	219.53	300.00	730.47	0.00	730.47
Earnings 2 SALARY	Hours/Units 40.0000	Rate	Amount 1,250.00	YTD 1,250.00		Deductions & Taxes Federal W/H		EE Amount 102.40	EE YTD 102.40	ER Amount	ER YTD	Return Amt

Sample Time Sheet and Time Allocation Report

									DATE							
HOPWACALEGORY	Activity/Work Performed	+	2	3	4	O1	6	7	80	9	10	#	12	13	14	
TBRA																
STRMU																
FB																
PFP																
SS																
ADM																
		0	0	0	0	0	0	0	0	0	0	0	0	0	o	1 1
Certification Statement: "By s time and activities reported s am aware that any false, ficition false claims or otherwise. (U.)	Conflication Statement: "By signing this activity report, I cartify to the best of my knowledge and belief that the activity report is true, complete, and accurate and the time and activities reported is are for the purposes and objectives set orbit in the terms and conditions of the City's contract and grant agreement for the Federal award. I time and activities Federal, Editious, or fraudulent information or the onesition of ally materials may subglace me to criminal, did or administrative penalties for fraud, tiese statements, false claims or orthowise. (U.S. Code Tale 18, Section 1001 and Tifle 31, Section 3729-3730 and 3901-3912)."	viedge and bel ns and conditio atenial fact, ma 729-3730 and 1	ief that the ad ns of the City/ ny subject me t 3801-3812)."	tivity report is s contract and to criminal, civ	true, complet d grant agree vil or administ	te, and accur iment for the I trative penalti	ate and the ederal award es for fraud, fo	l.   sise statement	9							
Employee Signature:		Date:														
Supervisor Name:		Date:														
Supervisor Signature:																

TIME ALLOCATION SHEET AGENCY NAME HOPWA

									0	DATE						
HOPWA CATEGORY	Activity/Work Performed	16	17	18	19	20	21	22	23	24	25	26	27	28	29	
TBRA																
STRMU																
7																
PFP																
S																
АДИ																İ
		0	0	0	0	0	0	,		0	0		0	0		
batification Statement: "B ime and activities reported im aware that any false, fi alse claims or otherwise. (	Certification Statement: "By signing this activity report, Lentify to the best of my throwledge and belief that the activity report is true, complete, and accurate and the firms and activities reported is set for the purposes and objectives set forth in the lemms and contribute of the City contract and great agreement for the Propose award. I am aware that any files, in Actions, or fracefulner information or the mission of any materialists, may solded me to continue, civil or administrative penalties for fourl, false statements, false claims or otherwise, (LS, Code Tille 18, Section 1001 and Tills 31, Sections 3725-3730 and 3801-3812)."	ye and belief that d conditions of t al fact, may subj 3730 and 3801-:	the activity r he City's cont ject me to crir 3812)."	eport is true, ract and gran ninal, civil or a		d accurate ar	nd the al award. I	-				0			0	
Employee Signature:		Date:			complete, an tagreement administrative	for the Feden e penalties for	Hour, Ideas	tatements,							6	
					complete, an tagreement administrative	for the Feder a penalties for	DLN, DOOR	tatements,	-			6			-	
- Contracting		Date			omplete, an Lagreement administrative	s penalties for	DU, DEC	tatements,	-						5	

AGENCY NAME HOPWA TIME ACTIVITY REPORT

### AGENCY NAME HOPWA

# TIME ALLOCATION SHEET

!					HOPWA GRANT				
DAY	DATE	TBRA	STRMU	78	РНР	SS	ADM	Vacation/Holiday/Oth er	TOTAL HOURS
MON									0
TUES									0
WED									0
Ħ									0
73									0
SAT									0
SUN									0
MON									Ō
TUES									0
WED									0
THU									0
丑									0
SAT									0
SUN									0
		0	0	0	0	0	0		0
Certification St hours reported am aware that false claims or	atement. "By sign are for the purpo any false, fictitiou otherwise. (U.S. (	ing this time allocation ses and objectives set s, or fraudulent inform Code Title 18, Section	report, I certify to the forth in the terms are ation or the omission 1001 and Title 31, S	e best of my knownd conditions of the conditions of the conditions of the conditions of the conditions 3729-373	viedge and belief that e City's contract an e City's contract may subject me o and 3801-3812)."	at the time allocation d grant agreement to criminal, civil or	n report is true, co for the Federal aw administrative per	Certification Statement. "By signing this time allocation report, I certify to the best of my knowledge and belief that the time allocation report is true, compilete, and accurate and the hours reported are for the purposes and objectives set forth in the terms and conditions of the Citys contract and grant agreement for the Federal award. I am aware that any false, fictious, or fraudulent information or the crossiston of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."	he nents,
Employee Signature:	ature:				Date:				
Supervisor Name:	me:								
Supervisor Signature:	nature:		X)		Date:	G			

#### Sample General Ledger Payroll Report

1:01 PM		Ro	ck Castle Co	onstruction		
12/15/07		P	ayroll Iter	n Detail		
			ber through D			
	• <u>Hurn</u> • <u>Date</u> Salary	Source Name	• Payroll Rem	Type	* Wage Base *	Amount +
	10/06/200	7 Dan T. Miller	Salary	Paycheck:	0.00	1,596.15 4
	10/20/200	7 Dan T. Miller	Salary	Paycheck	0.00	1,596.15
	11/03/200	7 Dan T. Miller	Salary	Paycheck	0.00	1,596.15
	11/17/200	7 Dan T. Miller	Salary	Paycheck	0.00	1,596.15
	12/01/200	7 Dan T. Miller	Solory	Paycheck	0.00	1,596.15
	12/15/200	7 Dan T. Miller	Salary	Paycheck	0.00	1,596.15
	Total Salary				0.00	9,576.90
	Overtime Rate					
	10/06/200	7 Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	0.00
	10/06/200	7 Gregg O. Schneider	Overtime Rate	Paycheck	0.00	0.00
	10/20/200	7 Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	44.26
	10/20/200	7 Gregg O. Schneider	Overtime Rate	Paycheck	0.00	51.76
	11/03/200	7 Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	0.00
	11.03/200	7 Gregg O. Schneider	Overtime Rate	Paycheck	0.00	0.00
	11/17/200	7 Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	66.39
	11/17/200	7 Gregg O. Schneider	Overtime Rate	Paycheck	0.00	77.64
	12/01/200	7 Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	0.00
	12/01/200	7 Gregg O. Schneider	Overtime Rate	Paycheck	0.00	0.00
	12/15/200	7 Elizabeth N. Mason	Overtime Rate	Paycheck	0.00	0.00
	12/15/200	7 Gregg O. Schneider	Overtime Rate	Paycheck:	0.00	0.00
	Total Overtime Rate	State non-state state st			0.00	240.05
	Regular Pay					
	10/06/200	7 Elizabeth N. Mason	Regular Pay	Paycheck	0.00	1,180.00
	10/06/200	7 Gregg O. Schneider	Regular Pay	Paycheck	0.00	1,380.00

#### General Operating and Program Expenditures Supporting Documentation

For all general operating and program expenditures, the following supporting documents must be submitted to demonstrate the expenditures were incurred during the applicable month:

- Copies of Invoices for services rendered;
- Cancelled Checks;
- Bank Statement(s);
- General Ledger Reports for all transactions; and
- HOPWA Payment Register (please follow instructions stated with in form).

If a program provides rental and/or financial assistance, the following documents must also be included in each reimbursement request:

- Copies of the "entire" lease for 1st time clients only;
- Copies of the "first page" of the lease for current clients;
- Proof of Security Deposit Payments;
- Proof of Utility Deposit Payments;
- Program Income Bank Statement and Tracking Sheet;
- General Ledger Reports for all transactions (rent payments, utility payments, security deposit payments, invoice payments, rent collection, etc.); and
- HOPWA Payment Register (please follow instructions stated with in form).

#### Sample Rental Assistance Supporting Documents

Rental Assistance supporting documentation should consist of:

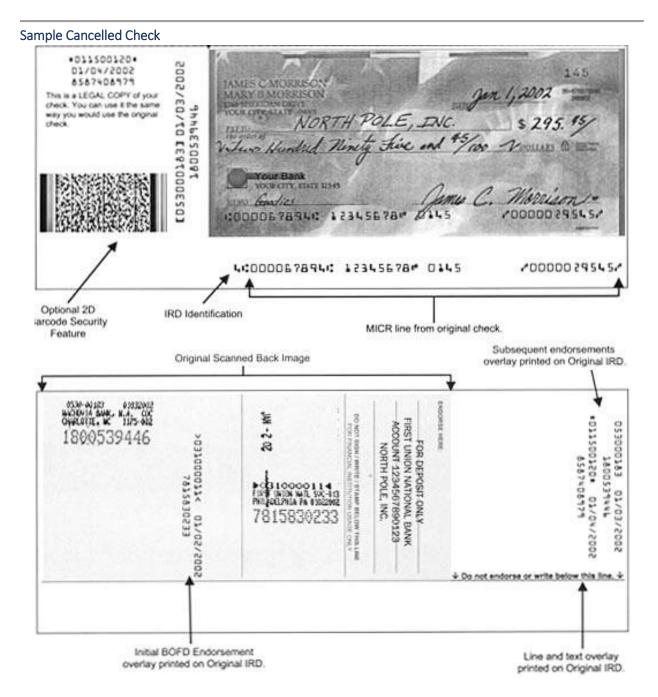
- 1. A receipt from the property management company or landlord acknowledging receipt of the payment and the total amount received. The receipt should include the property address, date payment was received, and the month(s) for which payment was made.
- 2. The cancelled check or EFT transmittal for the transaction as proof that the expense was incurred.
- 3. The General Ledger Report showing the transaction detail to include the vendor name, payment amount, date, and check number or transaction ID.

Sample Rental Assistance Receipt

	Rent Receipt	
	Date:	
Received from:		
the Sum of:		Dollars \$
as rent for the month of		
for the rental property located at:		
1		

Signature:

www.TenantsBC.ca



Sample Security Deposit and/Security Deposit and First Month's Rent Supporting Documents Security Deposit supporting documentation should consist of:

- 1. A receipt from the property management company or landlord acknowledging receipt of the payment and the total amount received. The receipt should include the property address, date payment was received, and anticipated date of move-in.
- 2. The cancelled check or EFT transmittal for the transaction as proof that the expense was incurred.
- 3. The General Ledger Report showing the transaction detail to include the vendor name, payment amount, date, and check number or transaction ID.

Sample Security Deposit Receipt

	,
Landlord (or	, acting as an authorized
agent for	, Landlord),
has received from	
a security deposit in the amount of	. on (date).
Landlord's or landlord's agent signature	Date
candiord's or landiord's agent signature	Date
Print title (owner or manager)	
Print name	Phone
Email	
	Date
Tenant's signature	
Tenant's signature Print name	Phone

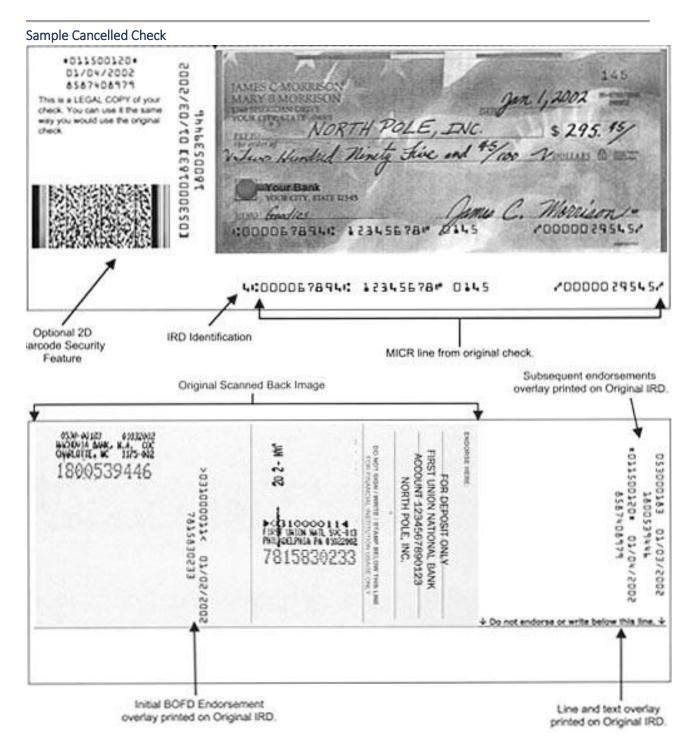
Sample Security Deposit and First Month's Rent Receipt

Mount Pleasant Property Management, LLC.

1985 Riviera Drive, Suite 103-10 Mount Pleasant, SC 29464 Phone: 843-530-4919 Fax: 866-782-6301

#### Security Deposit and First Month Rent Receipt

Resident/Tenant:		
Street Address:		
City	State:	_Zip:
	Security Dep	posit: \$
	First Month I	Rent: S
	Key Dep	posit: \$
	Non Refundable Pet Dep	oosit: \$
	Refundable Pet Dep	oosit: \$
	Garage Ren	note: \$
	Other	_: s
	Total D	Oue: \$
This is an acknowledge	ement from (Owner/Manager)	that the Total Security
	th Rent have been received from Resi YY):	
Tenant:		
Towarts		



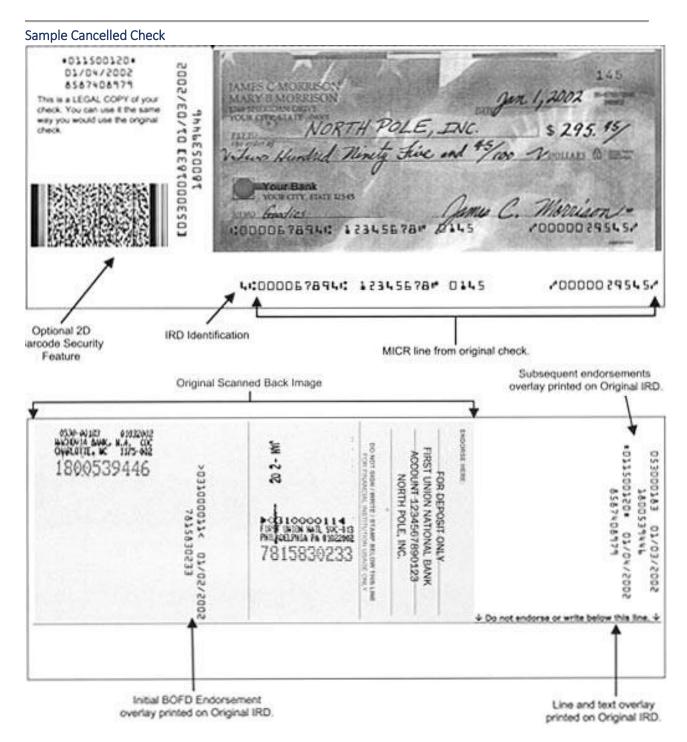
#### Sample Utility Assistance Supporting Documents

Utility Assistance supporting documentation should consist of:

- 1. A copy of the bill from the utility company.
- 2. The cancelled check or EFT transmittal for the transaction as proof that the expense was incurred.
- 3. The General Ledger Report showing the transaction detail to include the vendor name, payment amount, date, and check number or transaction ID.

Sample Utility Bill

SUSAN SAMPLE	
Account Number:	0000-00-0000
Amount Now Due:	\$142.21
Billing Date:	05/28/2013
Please Pay By:	06/06/13
Previous Account Balance	\$587.83
Payments Received	150.00_C
Previous Balance Due	437.83
Fees/Adjustments	0.00
Current Charges	
Electric	\$108.30
Total This Bill New Account Balance	108.30
Ac Account Balance	tual account balance \$546.13
Summary of Amount Now Due:	
Previous Payment Requested	\$142.21
Payments Received	150.00_C
Previous Balance Due	7.79 C
Fees/Adjustments	0.00 150.00
Monthly Budget Amount	
Please Pay By June 6	Monthly \$142.21
Pay \$142.92 after June 6	Budget Billing
Make checks payable to : KCP&L	amount due



#### **HOPWA Program Payment Register**

The HOPWA Program Payment Register must be submitted with each monthly reimbursement request. Please ensure that the form is filled out in accordance with the instructions below:

- Complete all requested information on the form.
- If you have more than 25-line items for which reimbursements are being requested, please continue the request on a new form with the same report number followed by "-1,-2,-,3, etc." to denote the continuation of the report.
- To assist in separating costs by assistance type, a new form may be created for each type of assistance provided, i.e. STRMU Rent, STRMU Mortgage, TBRA Rent, or FBH Rent. Please be sure to update the Task # in line 2 of each new form, if applicable.
- Utility assistance, utility deposits and/or security deposit payments should not be included on this
  form. These items should be listed as line items on the HOPWA Reimbursement Request Form. A
  separate transactional summary spreadsheet and all supporting documentation should be
  submitted behind the HOPWA Reimbursement Request Form.
- Submit the required supporting documentation for all items referenced within the form.
- If your agency already has a transactional summary worksheet that contains the same information as requested on this form, the agency's worksheet can be submitted as an attachment to this form. If submitted as an attachment, please complete the top portion of the form, enter "See attached" in line #15, sign and date the form. NOTE: Please submit a copy of your transactional summary worksheet to your Program Analyst for review and approval, prior to submitting with your reimbursement request.
- If your agency does not provide STRMU, TBRA or Facility Based Housing, please complete the top portion of the form, enter "Not Applicable" on line # 15, sign and date the form.

Sample HOPWA Program Payment Register #1

expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the City's contract and grant agreement for the Federal award. I am aware that any false, fictibious, or faudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

City of Atlanta
HOPWA Program Reimbursement Payment Register

I. Project Name			>				
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Corate Project \$\text{Spontor inFirst Act }			\$ -	\$			
			\$	n			
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	1/2/2020 - Reuse 2/1/2020	Client moved out on :		т	600.00		100 Any Street, Unit #64, Atlanta, 30303
				125.00	500.00		100 Any Street, Unit #64, Atlanta, 30303
					750.00		100 Any Street, Unit #63, Atlanta, 30303
Corate Project #   A. Au   2009   For All     2.0 Grade Project #   A. Au   2009   Exponsor information   2.0 Grade Project #   A. Au   2009   Exponsor information   Exponsor inform				125.00	500.00		100 Any Street, Unit #62, Atlanta, 30303
Coracle Project \$\text{Spontor in Holicas } \text{Spontor in Holicas } \t				300.00	750.00		100 Any Street, Unit #61, Atlanta, 30303
				150.00	750.00		100 Any Street, Unit #60, Atlanta, 30303
2.0   Corate Project #5   Control   Find Cas Spontor Information   Corate Project #5   Control   Corate Project #5   Control   Corate Project #5   Control   Corate			200.00	500.00		100 Any Street, Unit #59, Atlanta, 30303	
2.0   2.0	20. COMMENTS		19. AGENCY PAYMENT TO PROPERTY	18. CLIENT PAYMENT	17. MONTHLY RENT	16. CLIENT ID or INITIALS	15. UNIT ADDRESS
Scation   Froi] cea Sponsor in Correct   Correct   Froi] cea Sponsor in Correct			es	γ of Expenditure	tion II - Summai	Sec	
Section   Project #   Section   Sectio	m smith@sponsorsrus.org	14. Email Address		per	13. Phone Numb		2. Date Prepared
Section   Project Sponsor Information   4. Award #	untant	y Smith, Grant Accou	Mai				Sponsors R Us
Section   Project #Sponsor Information   4. Award #			ame & Title	11. Preparer's N			0. Agency Name
Section   Project Sponsor Information	7	500,000.00	\$		1/1/2020 -	2019	7/1/2019 - 6/30/2020
Section   - Project Sponsor Information     2.0 rade Project #/Task: #   3. IDIS Project #   4. Award #	9. Report No.		8. Contract Amou		<ol><li>For Period Frc</li></ol>		
Section I - Project Sponsor Information  2. Oracle Project #/Task # 3. IDIS Project #	0000				566666		
Section I - Project Sponsor Information	4. Award#	4	3. IDIS Project#		<ol><li>Oracle Project</li></ol>		Project Name
			on	onsor Informati	ion I - Project Sp	Sect	

Sample HOPWA Program Payment Register #2

expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the City's contract and grant agreement for the Federal award. I am aware that any false, fictibious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

	r c F	City of Atlanta	\tlanta	2 E		
	HUPWA Prog	HOPWA Program Reimbursement Payment Register Section   - Project Sponsor Information	sement Payr sonsor Informat	nent kegister		
. Project Name		2. Oracle Project #/Task #	t#/Task#	3. IDIS Project #		4. Award#
Housing For All		999999/9999			99	99999999
	6. IDIS Plan Year	7. For Period From	m	8. Contract Amount	2	9. Report No.
/1/2019 - 6/30/2020	2019	1/1/2020 - 1/31/2020	1/31/2020	s	500,000.00	7
0. Agency Name			11. Preparer's Name & Title	lame & Title		
Sponsors R Us					Mary Smith, Grant Accountant	untant
2. Date Prepared	2/10/2020	13. Phone Number	ber	404-999-9999	14. Email Address	m smith@sponsors us
		Section II - Summary of Expenditures	γ of Expenditur	es		
15. UNIT ADDRESS	16. CLIENT ID or INITIALS	17. MONTHLY RENT	18. CLIENT PAYMENT	19. AGENCY PAYMENT TO PROPERTY		20. COMMENTS
NOT APPLICABLE			\$ -	\$		
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Sample HOPWA Program Payment Register #3

expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the City's contract and grant agreement for the Federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

City of Atlanta HOPWA Program Reimbursement Payment Register

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		\$	\$ -			SEE ATTACHED
20. COMMENTS		19. AGENCY PAYMENT TO PROPERTY	18. CLIENT PAYMENT	17. MONTHLY RENT	16. CLIENT ID or INITIALS	15. UNITADDRESS
		es	γ of Expenditure	Section II - Summary of Expenditures	Sı	
m smith@sponsorsrus.org	404-999-9999 14. Email Address	404-999-9999	er	13. Phone Number	2/10/2020	12. Date Prepared
untant	Mary Smith, Grant Accountant	Mar				Sponsors R Us
	,	ame & Title	11. Preparer's Name & Title			10. Agency Name
7	500,000.00	\$	31/2020	1/1/2020 - 1/31/2020	2019	7/1/2019 - 6/30/2020
9. Report No.		& Contract Amount		7. For Period From	6. IDIS Plan Year	5. Contract Period
99999999	99			999999/9999		Housing For All
4. Award#	4	3. IDIS Project #		2. Oracle Project #/Task #		1. Project Name
		on	onsor Informati	Section I - Project Sponsor Information	Se	

Sample Payment Register Attachment

							Ф	8	7	Ø)	5	4	دي	2		A Digital in		% Occ:	Vacant	Units	As of:	Property:	
Total Monthly Income Total Annual Income	Other	RUBS	Parking	Laundry	Total Rental Income											Tenants Name		100%	0	1 house and 8 trailers	May 1, 2009	6818 marlow	
							\$450	\$550	\$450	\$425	\$700	\$500	\$375	\$500	\$1,300	Deposit	ľ						
\$5.550,00	éo	φ	φ	ψ	\$5,550.00		\$450,00	\$550.00	\$450.00	\$425.00	\$700.00	\$500.00	\$375.00	\$500.00	\$1,600.00	Monthly Bent							
\$6,500.00	ģ	φ	ço	ę	\$6,500.00		\$500.00	\$600.00	\$500.00	\$500.00	\$900.00	\$600.00	00,008	\$800.00	\$1,800.00	Market Bents							
							trailer	trailer	tanler	trailer	trailer	trailer	trailer	trailer	ω	#of Bdm							Rent Roll
					Utilites Paid By Owner:										2	# of Bath							õ <u>l</u>
	Trash:	Water:	Electricity:	Gass	By Owner:		500	550	500	500	600	500	500	500	1700	Sn. Ft							
		120			(NIX)		4/1/2007	3/1/1995	10/1/2004	9/1/1985	8/1/2004	3/1/2002	4/1/2003	3/1/2001	7/1/2005	Move In Date:							
	•		•													Last Bent Inc. Date					Secret Verlan	žm	
																Sect 8 Amount					1		

#### General Ledger Detail Report and Bank Statements for Expenses

All reimbursement requests must include a General Ledger Detail Report and Bank Statement(s) for the month that the reimbursement is requested to support any expenses incurred.

- The General Ledger Detail Report will be used to verify that the costs were charged to the HOPWA grant within the agency's accounting system. All transactions should correspond with and include the agency's assigned revenue and expense codes for the applicable HOPWA Grant.
- Bank Statements will be used to verify that all checks cleared during the month for which reimbursement has been requested. If a check has not cleared by the 15<sup>th</sup> business day of the following month, the transaction should be included in the next monthly submittal. Expenses should not be submitted for reimbursement until after the check has cleared the bank, regardless of the date the check was written.

#### Sample General Ledger Report

Source Journe	el Poeting Date	Source		
3J-000003	5/31/2009	G/L		
Account Nur	nber	Description/Comments	Debit	Credit
10000-01-00	0-000-000	Petty Cash:Irvine-Main	75.00	
051101710000	E TOTAL STATE OF STAT	Beginning Balances as of May 31, 2009	F-99860103	
10200-01-00	0-000-000	Reg. Chkg.:Irvine-Main	22,384.65	
10300-01-00	0.000.000	Beginning Balances as of May 31, 2009 P/R. Chkg.: Irvine-Main	536.92	
10300-01-00	0-000-000	Beginning Balances as of May 31, 2009	550.52	
10400-01-00	0-000-000	Savings Account:Irvine-Main	10,000.00	
Wheel who was		Beginning Balances as of May 31, 2009		
11000-01-00	0-000-000	Accounts Receivable: Invine-Main	892,395.13	
11500-01-00	0.000.000	Beginning Balances as of May 31, 2009  Allow, for Bad Debt Irvine-Main		13,385.93
11300-01-00	0-000-000	Beginning Balances as of May 31, 2009		10,000.00
12000-01-00	0-010-000	Inv. Lighting:Irvine-Main-Steelcase	27,536.76	
		Beginning Balances as of May 31, 2009		
12000-02-00	1-010-000	Inv. Lighting:Atlanta-Peach AveSteelcase	20,652.57	
12000-03-00	2.010.000	Beginning Balances as of May 31, 2009 Inv. Lighting:New York-Broadway-Steelcase	16,828.02	
12000-03-00	2-010-000	Beginning Balances as of May 31, 2009	16,828.02	
12000-04-00	3-010-000	Inv. Lighting:Houston-Clay StSteelcase	11,473.65	
000000000000000000000000000000000000000	variation.	Beginning Balances as of May 31, 2009		
12050-01-00	0-010-000	Inv. Ergonmics Irvine-Main-Steelcase	30,978.86	
		Beginning Balances as of May 31, 2009		
12050-02-00	1-010-000	Inv. Ergonnics Atlanta-Peach AveSteelcase	23,234.14	
12050-03-00	2-010-000	Beginning Balances as of May 31, 2009 Inv. Ergonmics New York-Broadway-Steelcase	18,931.53	
		Beginning Balances as of May 31, 2009		
12050-04-00	3-010-000	Inv. Ergonmics Houston-Clay StSteelcase	12,907.86	
		Beginning Balances as of May 31, 2009		
12100-01-00	0-000-000	Inv. Accessories Irvine-Main	16,063.11	
12100-02-00	1.000.000	Beginning Balances as of May 31, 2009 Inv. Accessories Atlanta-Peach Ave.	12,047.33	
12100-02-00	100000	Beginning Balances as of May 31, 2009	(4,073,40	
12100-03-00	2-000-000	Inv. Accessories:New York-Broadway	9,816.35	
		Beginning Balances as of May 31, 2009		
12100-04-00	3-000-000	Inv. Accessories Houston-Clay St.	6,692.96	
12400-01-00	0.000.000	Beginning Balances as of May 31, 2009	6,884.19	
12400-01-00	0-000-000	Inv. Repairs:Irvine-Main Beginning Balances as of May 31, 2009	0,804.13	
12400-02-00	1-000-000	Inv. Repairs:Atlanta-Peach Ave.	5,163.14	
1909-040-90-029-030	0.0000000000000000000000000000000000000	Beginning Balances as of May 31, 2009	Vancous	
12400-03-00	2-000-000	Inv. Repairs:New York-Broadway	4,207.01	
*****		Beginning Balances as of May 31, 2009	2 222 11	
12400-04-00	3-000-000	Inv. Repairs:Houston-Clay St. Beginning Balances as of May 31, 2009	2,868.41	
15000-01-00	0-000-000	Furn. & Fixtures:Invine-Main	65,240.06	
1200000	5000 5776-	Beginning Balances as of May 31, 2009		
15000-02-00	1-000-000	Furn. & Fixtures:Atlanta-Peach Ave.	10,245.89	
		Beginning Balances as of May 31, 2009		
15000-03-00	2-000-000	Furn. & Fixtures:New York-Broadway Beginning Balances as of May 31, 2009	15,118.79	
15000-04-00	3-000-000	Furn. & Fixtures:Houston-Clay St.	12,558.11	
P. C. or post of the Man	21.0000000000	Beginning Balances as of May 31, 2009	walker was	
15100-01-00	0-000-000	Equipment:Irvine-Main	48,521.98	
SLINGE DESCRIPTION	U la carria pro-	Beginning Balances as of May 31, 2009	52-02-7-03-0	
15100-02-00	1-000-000	Equipment Atlanta-Peach Ave.	5,894.63	
		Beginning Balances as of May 31, 2009		

Sample Bank Statement



JPMorgan Chase Bank N.A. Ohio/West Virginia Markets P O Box 260180 Baton Rouge, LA 70826-0180

#### Terifold ettabeldet ettabeldet ettabeller erifold 1 - Terifold ettabeldet ettabeldet ettabeller erifold 1

00013422 DDA 001 LA 10205 – YYN T 1 00000000 07 0000 Company Name Company Address State, Zip July 1, 2008 through July 31, 2008 Primary Account: 00000988081483

#### CUSTOMER SERVICE INFORMATION

 WebSite:
 www.Chase.com

 Service Center:
 1-800-935-9935

 Hearing Impaired:
 1-800-242-7383

 Para Espanol:
 1-877-312-4273

 International Calls:
 1-713-262-1679



#### **CHECKING SUMMARY**

	INSTANCES	AMOUNT
Beginning Balance		\$81,607.40
Deposits and Additions	10	125,883.63
Checks Paid	2	- 3,169.04
Other Withdrawals, Fees & Charges	4	- 15,025.68
Ending Balance	16	\$189,296.31

This message confirms that you have overdraft protection on your checking account.

DEPO	SITS AND ADDITIONS	
DATE	DESCRIPTION	AMOUNT
07/02	Deposit	\$17,120.00
07/09	Deposit	24,610.00
07/14	Deposit	11,424.00
07/15	Deposit	1,349.00
07/21	Deposit	5,000.00
07/21	Deposit	3,120.00
07/23	Deposit	33,138.00
07/28	Deposit	18,114.00
07/30	Deposit	6,908.63
07/30	Deposit	5,100.00
Total Dep	osits and Additions	\$125,883.63

Page 1 of 4

#### General Ledger Detail Report, Bank Statements and Program Income Report

All reimbursement requests must include a General Ledger Detail Report, Bank Statement(s) and Program Income Report for the month that the reimbursement is requested to support any program income collected and/or expended.

- The General Ledger Detail Report will be used to verify any rent collected from clients has been properly recorded within the agency's accounting system. All transactions should correspond with and include the agency's assigned revenue codes for the applicable HOPWA Grant.
- Bank Statements will be used to verify that all program income is being properly during the month for which reimbursement has been requested.
- Program Income on-hand and expended should be reported on the Program Income Expenditure Summary Form. All expenses paid utilizing program income must be reported and documented in the same manner as all other HOPWA-related expenditures.

Sample General Ledger Report

#### **GENERAL LEDGER**

REPORT FOR:

Jul 1st, 2018 - Jul 15th, 2018

Category	Subcategory	Description	Code	Debit	Credit
Asset	Cash	ACH		\$732.90	\$0.00
Asset	Cash	Cash		\$5,524.84	\$0.00
Asset	Cash	Checks		\$3,067.53	\$0.00
Asset	Cash	Credit Card - American Express		\$5,567.04	\$0.00
Asset	Cash	Credit Card - Master Card		\$9,746.30	\$0.00
Asset	Cash	Credit Card - Visa	N 1 0 + k	\$23,458.94	\$0.00
Income	ee nome	Administrative Fee Perenue	wett	TO U\$0.00	\$11.97
Income	Fee Income	Late Fee Revenue		\$0.00	\$477.15
Income	Insurance Income	Insurance Revenue		\$0.00	\$2,961.84
Income	Rental Income	Rental Revenue		\$0.00	\$44,597.98
Income	Retail Income	Boxes Revenue		\$0.00	\$19.20
Income	Retail Income	General Retail Revenue		\$0.00	\$1.95
Income	Retail Income	Locks Revenue		\$0.00	\$24.00
Liability	Sales Tax Payable	Sales Tax Payable State		\$0.00	\$3.46
14 rows				\$48,097.55	\$48,097.55

Sample Bank Statement



JPMorgan Chase Bank N.A. Ohio/West Virginia Markets P O Box 260180 Baton Rouge, LA 70826-0180

#### Terifold ettabeldet ettabeldet ettabeller erifold 1 - Terifold ettabeldet ettabeldet ettabeller erifold 1

00013422 DDA 001 LA 10205 – YYN T 1 00000000 07 0000 Company Name Company Address State, Zip July 1, 2008 through July 31, 2008 Primary Account: 00000988081483

#### CUSTOMER SERVICE INFORMATION

 WebSite:
 www.Chase.com

 Service Center:
 1-800-935-9935

 Hearing Impaired:
 1-800-242-7383

 Para Espanol:
 1-877-312-4273

 International Calls:
 1-713-262-1679



#### CHECKING SUMMARY

	INSTANCES	AMOUNT
Beginning Balance		\$81,607.40
Deposits and Additions	10	125,883.63
Checks Paid	2	- 3,169.04
Other Withdrawals, Fees & Charges	4	- 15,025.68
Ending Balance	16	\$189,296.31

This message confirms that you have overdraft protection on your checking account.

DEPO:	SITS AND ADDITIONS	-
DATE	DESCRIPTION	AMOUNT
07/02	Deposit	\$17,120.00
07/09	Deposit	24,610.00
07/14	Deposit	11,424.00
07/15	Deposit	1,349.00
07/21	Deposit	5,000.00
07/21	Deposit	3,120.00
07/23	Deposit	33,138.00
07/28	Deposit	18,114.00
07/30	Deposit	6,908.63
07/30	Deposit	5,100.00
Total Dep	osits and Additions	\$125,883.63

Page 1 of 4

Sample Program Income Expenditure Report #1

HOPWA Project Spansors  Reimbursament Request Form  Scholl Pages Spansors  Reimbursament Request Form  Scholl Pages Spansors  10. Oracle Project Flack at 11. Project Rame 8. Title  10. Oracle Project Flack at 11. Project Rame 8. Title  11. Project Rame 11. Project Rame 8. Title  12. Date Prepared 1   13. Phone Number   11. Project Flack at 11. Project Rame 8. Title  13. Horacle Rame 12. Oracle Project Flack at 12. Oracle Project Flack at 13. Project Rame 8. Title  14. Award at 13. Date Rame 14. Award at 13. Oracle Project Rame 8. Title  15. HOPWA Activity 1. Spansor Rame 15. Hopenditure Section II. Spansor Rame 15. Hopenditure Section II. Spansor Rame 15. Hopenditure Rame						29. Date:				
HOPWA Project Spansors  Reimbursement Request Form  Scholl Project Spansors differential 3.105 Project 9  10. Contract Period  10. Contract Period  11. Prepared Hame  12. Date Prepared  13. Hopwa Activity  14. Enail Address  15. Hopwa Activity  16. Expenditure Description  17. Vendor's Name  18. Contract Amount  18. Date Prepared  19. Contract Amount  19. Contract										
Licy of Atlanta   HOPWA Project Sponsors   H		*	resentative	horized Rep	Title of Aut.	28. Name &		tive (Reviewer):	ature of Authorized Representat	27. Sign:
HOPUNA Project Sponsors  Relimbursement Request Form  Station I Project Sponsor Interest S					26. Date:				arer's Signature:	25. Prep
City of Atlanta	d the expenditures, Federal award. I am ies for fraud, false	accurate and ent for the F rative penalt	plete, and ant agreem r administr	is true, com tract and gra ninal, civil o	ent request he City's cont t me to crim 1-3812).	reimbursem iditions of tl may subjec 730 and 380	ge and belief that the in the terms and con of any material fact, the 31, Sections 3729-37	c, I certify to the best of my knowledger the purposes and objectives set fort udulent information or the omission U.S. Code Title 18, Section 1001 and Tit	ng this reimbursement request, ments and cash receipts are for hat any false, fictitious, or frau nts, false claims or otherwise. (\)	By signii disburse aware t stateme
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Sample Program Income Expenditure Report #2

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/2020 						Juna III Junance	111 5000 13		_
/2020	lma N. Charge, Chief Financial Officer	lma N. Char				101	0		
1/2020	28. Name & Title of Authorized Representative:	f Authorized F	me & Title of	28. Na		/iewer):	presentative (Re	27. Signature of Authorized Representative (Reviewer):	27. Sign
	2/10	e:	26. Date:	0	mith	Mary Smith		25. Preparer's Signature:	25. Prej
		ļ .	3801-3812)	3729-3730 and	tle 31, Sections	statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).	erwise. (U.S. Cod	ents, false claims or othe	stateme
for the Federal award. I am see penalties for fraud. false	l grant agreement il or administrati	contract and	of the City's biect me to	and conditions al fact, may su	h in the terms	disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the City's contract and grant agreement for the Federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false	ts are for the pu s, or fraudulent	ements and cash receipt that any false, fictitious	disburs
urate and the expenditures,	complete, and acc	uest is true, c	sement requ	enditures Cert	section III - Summary of Expenditures Certification my knowledge and belief that the reimbursement	Section III - Summary of Expanditures Certification  By signing this reimbursement request, I certify to the best of my knowledge and belief that the reimbursement request is true, complete, and accurate and the expenditures,	request, I certif	ing this reimbursement	By sign
\$ 23,575.00	24. Amount Due as Reimbursement	24. R							
\$ 1,100.00	23. Program Income Deduction	23.						ents:	21. Comments:
inds \$ 24,675.00	22. Total Amount of Fur Expended		portive service	: for multiple sup	; reimbursements	Salaries, payroll taxes and benefits for supportive services staff; mileage reimbursements for multiple supportive service staff; Payment for master leased units for January 2020	es and benefits for naster leased units		
1202 \$ 5,000.00	1/2/20	d, LLC	Apartments Unlimited, LLC	Apartm	d 2-2bdrm units	Rent payment for 2-1bdrm units and 2-2bdrm units	Re	Facility Based Rental/Lease	Facility E
1350 \$ 925.00	1/15/20		rs R Us	f Sponsors R Us	rtive Service Staf	Mileage Reimbursements for Supportive Service Staff	Z	Supportive Svc Transportation	Supporti
1297 \$ 1,875.00	1/30/20		rs R Us	Sponsors R Us	ce Staff	Fringe benefits for Supportive Service Staff	Fr	Supportive Svc Staff Fringes	Supporti
1296 \$ 7,500.00	1/30/20		rs R Us	Sponsors R Us		Payroll for Supportive Service Staff	Pa	Supportive Svc Staff Salaries	Supporti
1235 \$ 1,875.00	1/15/20		rs R Us	Sponsors R Us	ce Staff	Fringe benefits for Supportive Service Staff	Fr	Supportive Svc Staff Fringes	Supporti
1234 \$ 7,500.00	1/15/20		rs R Us	Sponsors R Us		Payroll for Supportive Service Staff	Pa	Supportive Svc Staff Salaries	Supporti
19. Check or Trans. 20. Amount Paid Number	18. Date or	's Name	17. Vendor's Name		scription	16. Expenditure Description		15. HOPWA Activity	
c c				of Expenditure	Section II - Summary of Expenditures	Sectio			
th@sponsorsrus.org	msmith	14. Email Address	14. Em:	404-999-9999	404	13. Phone Number	2/10/2020	12. Date Prepared	12. Data
	Accountant	Mary Smith, Grant Accountant	Mary				Sponsors R Us		
				Name & Title	11. Preparer's Name & Title			10. Contractor Name	10. Con
7	500,000.00		Ş	1/1/20 - 1/31/20	1/1/2	2019		7/1/19 - 6/30/20	
leport No.	9. Re	8. Contract Amount	8. Cont	rom	7. For Period From	6. IDIS Plan Year	6.	5. Contract Period	5. Conti
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